# **ANNUAL PROGRESS REPORT**



**SUPERVISOR :**

**SECTION A – BACKGROUND INFORMATION**

|  |  |
| --- | --- |
| Year of the report |  |
| Name of Candidate  |   |
| Student Number  |   |
| Faculty/Department  |   |
| Degree  |   |
| Date of first registration for this qualification  |   |
| Full-time or Part-time  |   |
| Supervisor  |   |
| Co-supervisor  |   |

**SECTION B – RESEARCH COMPONENT**

|  |  |  |
| --- | --- | --- |
| Has the candidate kept to the arrangements for consultations as specified in the Learning Agreement  | YES  | NO  |
| On average, how often has the candidate had contact (telephone, letter, e-mail, one-on-one discussion) with you or the co supervisor during the conduct of the research project |
| Weekly or more  | Fortnightly  | Monthly  | Other: Specify |   |

Do you consider contact amount satisfactory?

|  |  |
| --- | --- |
| YES  | NO  |

If NO, specify:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In your opinion, has the candidate worked consistently?  |  |  | YES  | NO  |
| How is the student/candidate’s progress this year?  |  |  |  |  |
|  |
| Excellent  | Good  | Poor  | Non-existent  |  |
| To your knowledge, has the candidate experienced any personal, financial, academic or research problems that may have  |

impeded progress?

|  |  |
| --- | --- |
| YES  | NO  |

|  |  |
| --- | --- |
| What is the anticipated date by when the candidate should complete the dissertation or thesis?  |   |

Recommendation with respect to academic status for the forthcoming year (please tick one of the following):

|  |  |  |  |
| --- | --- | --- | --- |
| Good standing  | Conditional  | De-registration  | N/A (i.e., candidate will complete in current year)  |

Any other comments:

|  |  |
| --- | --- |
| Signature by supervisor:  | Date:  |
| Recommended for registration:Deputy Dean Signature:  | Date:  |
| Approved for reregistration:Executive Dean Signature:  | Date:  |